PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
Effective October 1, 2003								$\perp$	/	0/-	783-	-080	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	NTITY	OF	ОТНЕ	R THAN L ENTITY	
TOTAL CLAIMS			20				] FR	ATE	FEE	٦Υ	RATE	FEE	
FOR			NUMBER FILED NO		NUM	BER EXTRA	XTRA BASIC		+		BASIC FE		
TOTAL CHARGEABLE CLAIMS			20,	20 minus 20= *			XS 9:		<b> </b>	7		-	
IN	DEPENDENT C	3	3 minus 3 = *			X43=			OA				
М	ULTIPLE DEPE	NDENT CLAIM I	RESENT				^	13=	<del> </del>	OR	X86=	<u> </u>	
• (	* If the difference in column 1 is less than zero, enter "0" in column 2							45=	ļ	OR	+290=		
	CLAIMS AS AMENDED - PART II							TAL		OR	TOTAL	770	
_	(Column 1) (Column 1)					(Column 3)	SM	ALL	ENTITY	OR		THAN ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	- 2	20	=	X\$	9=		OR	X\$18=		
	Independent	1. 2	Minus		3_	- 0	X4	3=		OR	X86= (	18	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14		·				
	•									OR	+290= TOTAL		
(Column 1) (Column 2) (Column 3)							ADDIT.	FEE		JOR ,	ADDIT. FEE		
AMENDMENT B		CLAIMS		HIGHE	ST	(Column 3)			ADDI	3 6			
		REMAINING AFTER		NUMBE PREVIOU	ISLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID FO	·	=		$\dashv$	FEE	<b> </b>	•	FEE	
MEN	Independent	•	Minus	***		-	X\$ 9	)=		OR	X\$18=		
Ā	FIRST PRESE	NTATION OF ML	ILTIPLE DE	PENDENT C	LAIM		X43	=		OR	X86=		
							+145	=		OR	+290=		
							ADDIT. I	TAL		OR A	TOTAL DDIT. FEE		
_		(Column 1) CLAIMS		(Column		(Column 3)		-	• .				
באוני		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATI		ADDI- IONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	,	Minus	*		=	X\$ 9	.		OR	X\$18=		
			Minus	RRE	ı	= .	X43=	+		~``}			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=		
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
H	the "Highest Num the "Highest Num	ADDIT, FI	ΞL			TOTAL DIT. FEE							
T	ne "Highest Numb	er Previously Paid	For (Total or	Independent)	is the h	o, enter 3. ighest number (	ound in the	appro	priate box				
1 MF	TO-875 (Rev. 10/0	3)		-			atent and To	demati	Office 11 S	O E BAR	TMENT OF	OPPLEASE	

Application or Docket Number